

# EXHIBIT 44

BOB MILLER  
Governor

## STATE OF NEVADA

CHARLOTTE CRAWFORD  
Director

Administrator

CHRISTOPHER THOMPSON

DIVISION OF HEALTH CARE FINANCING AND POLICY  
DEPARTMENT OF HUMAN RESOURCES

Capitol Complex • 2527 N. Carson Street  
Carson City, Nevada 89710  
(702) 687-4775

January 28, 1998

## MEMORANDUM

TO: DWIGHT HANSEN, DIRECTOR, MEDICAID OPERATIONS, BC/BSN

FROM: PEGGY EPENDIO, R.N., CHIEF, MEDICAID REVIEW SERVICES

SUBJECT: HOSPITAL INPATIENT PROSPECTIVE RATES -  
EFFECTIVE JANUARY 1, 1998  
PROCEDURE MEMO 98 - 02

This procedure memo supersedes Procedure Memo 97-18 and 97-15.

Effective with service dates of January 1, 1998 and thereafter, please pay the following prospective rates for all urban and rural Nevada hospitals:

	<u>CODE</u>	<u>RATE</u>	<u>DEFINITION</u>
<u>NEWBORN</u>	X03003	\$ 385	1-3 Day Stay
	X03004	2,420	4 or More Day Stay
	X03026	158	ICL/Day
	X03027	218	SNL/Day
<u>NEONATAL</u>	X03201	\$ 1,710	Day
	X03226	158	ICL/Day
	X03227	218	SNL/Day

(Neonatal rates apply only to Sunrise Hospital and Medical Center, St. Mary's Regional Medical Center, Valley Hospital Medical Center, University Medical Center and Washoe Medical Center).

	<u>CODE</u>	<u>RATE</u>	<u>DEFINITION</u>
<u>MATERNITY</u>	X03303	\$ 1,920	1-3 Day Stay
	X03304	4,975	4 or More Day Stay
	X03326	158	ICL/Day
	X03327	218	SNL/Day

NV 014075

Procedure Memo 98-02

February 3, 1998

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<u>MED/SURGICAL</u>	X03505	\$ 3,175	1-5 Day Stay
	X03510	7,960	6-10 Day Stay
	X03515	15,400	11-15 Day Stay
	X03520	21,105	16-20 Day Stay
	X03525	45,155	21-25 Day Stay
	X03501	885	Per Diem (Daily rate after 25th day)
	X03526	158	ICL/Day
	X03527	218	SNL/Day
 <u>PSYCH/SUB ABUSE</u>	X06052	435	Day (psychiatric)
	X06020	435	Day (substance abuse detox)
	X06021	435	Day (substance abuse treatment)
	X06026	158	ICL/Day
	X06027	218	SNL/Day

(Psychiatric rates also apply to payments made to freestanding psychiatric hospitals).

PE:DC:vr (K:\MED\MEDWP\PROMEMO\98-02.DC)

pc: Steve Abba, LCB, Fiscal Division  
 Christopher Thompson, CPA, Administrator  
 April Townley, Deputy Administrator  
 Janice Wright, Deputy Administrator  
 Peggy Epidendio, R.N., Chief, Medicaid Review Services  
 Steve Bremer, Chief, Medicaid Managed Care Services  
 Matthew Bayan, Chief, Medicaid Program Services  
 John Brumley, ASOII, Budget & Statistics  
 Debbie Waggoner, Chief, Budget, Rates and Accounting  
 Medicaid Accounting  
 Medicaid Library  
 Ann Dallas  
 L. Tim Terry, Sr. DAG, Medicaid Fraud Control Unit  
 Diane Nassir, Management Analyst III Supervisor, SURS  
 Melissa Dyer, SWPSII, SURS  
 Bill Cook, SWM, LV Belrose DO  
 Kathy Wood, SWM, Bible Way DO  
 Carol Tilstra, R.N., MSSII  
 Kristy Saranpa, Supervisor, Provider Service & Support BC/BSN  
 Pam Deam, Audit Manager, BC/BSN  
 Nancy Echante, Claims Supervisor, BC/BSN  
 Dianne Hunter, Health Services Department, BC/BSN  
 Nancy Stefun, Health Services Department, BC/BSN  
 Jim Shiles, Supervisor, Data Entry/Clerical, BC/BSN

NV 014076

DRAFT

January 2, 1998

BULLETIN # 768

TO: ALL INSTATE HOSPITALS (PROVIDER TYPES 11 AND 13)

WHAT'S IN THIS BULLETIN:  
HOSPITAL INPATIENT PROSPECTIVE RATES

This bulletin supersedes Bulletin #741. Claims with service dates of January 1, 1998 and thereafter are reimbursed with the prospective rates listed below. The prospective rates and cost codes are for all urban and rural Nevada hospitals.

	<u>CODE</u>	<u>RATE</u>	<u>DEFINITION</u>
<u>NEWBORN</u>	X03003	\$ 385.	1-3 Day Stay
	X03004	2,420.	4 or More Day Stay
	X03026	158.	ICL/DAY
	X03027	218.	SNL/Day
<u>NEONATAL</u>	X03201	\$1,710.	Day
	X03226	158.	ICL/Day
	X03227	218.	SNL/Day

(Neonatal rates apply only to Sunrise Hospital and Medical Center, St. Mary's Regional Medical Center, Valley Hospital Medical Center, University Medical Center and Washoe Medical Center).

	<u>CODE</u>	<u>RATE</u>	<u>DEFINITION</u>
<u>MATERNITY</u>	X03303	\$ 1,205. <sup>920</sup>	1-3 Day Stay
	X03304	4,975.	4 or More Day Stay
	X03326	158.	ICL/Day
	X03327	218.	SNL/Day
<u>MED/SURGICAL</u>	X03505	\$ 3,175.	1-5 Day Stay
	X03510	7,960.	6-10 Day Stay
	X03515	15,400.	11-15 Day Stay
	X03520	21,105.	16-20 Day Stay
	X03525	45,155.	21-25 Day Stay

NV 014077

X03501	885.	Daily Rate (after 25th day)
X03526	158.	ICL/Day
X03527	218.	SNL/Day
<u>PSYCH/SUB ABUSE</u> X06052	435.	Day (psychiatric)
X06020	435.	Day (substance abuse detox)
X06021	435.	Day (substance abuse treatment)
X06026	158.	ICL/Day
X06027	218.	SNL/Day

For questions relating to this bulletin, please contact  
Dave Caloiaro, MSW at 687-4336, Nevada State Division of  
Health Care Financing and Policy, Medicaid.

DC:rl January 2, 1998 (K:\MED\MEDWP\BULL\98DFT.DC)

NV 014078

DRAFT

January 2, 1998

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TO: DWIGHT HANSEN, DIRECTOR, MEDICAID OPERATIONS, BC/BSN

FROM: PEGGY EPIDENDIO, R.N., CHIEF, MEDICAID REVIEW SERVICES

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(Neonatal rates apply only to Sunrise Hospital and Medical Center, St. Mary's Regional Medical Center, Valley Hospital Medical Center, University Medical Center and Washoe Medical Center).

<u>CODE</u>	<u>RATE</u>	<u>DEFINITION</u>
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NV 014079

<u>MATERNITY</u>	X03303	\$ 1,920	1-3 Day Stay
	X03304	4,975	4 or More Day Stay
	X03326	158	ICL/Day
	X03327	218	SNL/Day

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January 2, 1998

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<u>MED/SURGICAL</u>	X03505	\$ 3,175	1-5 Day Stay
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PE:DC:vr (K:\MED\MEDWP\PROMEMO\98DFT-DC.WPD)

pc: Steve Abba, LCB, Fiscal Division  
Christopher Thompson, CPA, Administrator

NV 014080

April Townley, Deputy Administrator  
Janice Wright, Deputy Administrator  
Peggy Epidendio, R.N., Chief, Medicaid Review Services  
Steve Bremer, Chief, Medicaid Managed Care Services  
Matthew Bayan, Chief, Medicaid Program Services  
John Brumley, ASOII, Budget & Statistics  
Debbie Waggoner, Chief, Budget, Rates and Accounting  
Medicaid Accounting  
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Ann Dallas  
L. Tim Terry, Sr. DAG, Medicaid Fraud Control Unit  
Diane Nassir, Management Analyst III Supervisor, SURS  
Melissa Dyer, SWPSII, SURS  
Bill Cook, SWM, LV Belrose DO  
Kathy Wood, SWM, Bible Way DO  
Carol Tilstra, R.N., MSSII  
Kristy Saranpa, Supervisor, Provider Service & Support BC/BSN  
Pam Deam, Audit Manager, BC/BSN  
Nancy Echante, Claims Supervisor, BC/BSN  
Dianne Hunter, Health Services Department, BC/BSN  
Nancy Stefun, Health Services Department, BC/BSN  
Jim Shiles, Supervisor, Data Entry/Clerical, BC/BSN

NV 014081

# DIVISION OF HEALTH CARE FINANCING AND POLICY

1100 E. William Street, Suite 116  
Carson City, NV 89701  
702-687-4176  
Fax: 702-684-8792

[Please note: New Address and fax number]

## FAX TRANSMISSION COVER SHEET

Date: 12/31/97

To: DAVE CALOIRAO

Fax: \_\_\_\_\_

Re: NEW HOSPITAL RATES EREC. 1/1/98

Sender: Dib Waggoner  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
DEPARTMENT OF HUMAN RESOURCES

YOU SHOULD RECEIVE \_\_\_\_\_ PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT  
RECEIVE ALL THE PAGES, PLEASE CALL 702-687-4176.

### COMMENTS:

I faxed a copy of this to BCBS  
as advance notice of the rates.

NV 014082

**HOSPITAL INPATIENT RATES - PROVIDER 11 AND 13**

<b>CATEGORIES</b>	<b>Procedure Code</b>	<b>07/01/97</b>	<b>01/01/98 Indexed (1.4%)</b>
<b><u>MEDICAL/SURGICAL</u></b>			
1 - 5	3505	\$3,130	\$3,175
6 - 10	3510	\$7,850	\$7,960
11 - 15	3515	\$15,185	\$15,400
16 - 20	3520	\$20,815	\$21,105
21 - 25	3525	\$44,535	\$45,155
PER DIEM	3501	\$875	\$885
<b><u>MATERNITY</u></b>			
1 - 3	3303	\$1,895	\$1,920
4+	3304	\$4,905	\$4,975
<b><u>NEWBORN</u></b>			
1 - 3	3003	\$380	\$385
4+	3004	\$2,385	\$2,420
<b><u>NEONATAL</u></b>			
PER DIEM RATE	3201	\$1,685	\$1,710
<b><u>PSYCH/SUB-ABUSE</u></b>			
PER DIEM RATE	6052 6020 6021	\$430	\$435
<b><u>ADMINISTRATIVE DAY</u></b>			
ICL	3X26/8X26	156	\$158
SNL	3X27/8X27	215	\$218

NV 014083

REVIEW CHECKLIST  
remains the same and 2) Urgency to get the rules out ASAP

The author of a proposed change in policy or procedure has determined that the proposed change has a potentially significant impact on your area of responsibility and has, therefore, submitted this proposed change to you for review and comment prior to further implementation. Please review the attached materials closely and respond to the author by the date requested.

I. AUTHOR _____	Date _____
Co-Author _____	Date _____
Co-Author _____	Date _____
Document _____	Effective Date _____

II. REVIEWER \_\_\_\_\_

Return by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. ATTACHMENTS INCLUDED FOR YOUR INFORMATION

- ☐ Social Security Act, Public Laws \_\_\_\_\_
- ☐ Federal Regulations (CFR) \_\_\_\_\_
- ☐ HCFA Regional Memorandum \_\_\_\_\_
- ☐ HCFA State Medicaid Manual \_\_\_\_\_
- ☐ Nevada Revised Statutes (NRS) \_\_\_\_\_
- ☐ State Plan Amendment \_\_\_\_\_
- ☐ Welfare Division Policy \_\_\_\_\_
- ☐ Background and Explanation \_\_\_\_\_
- ☐ Manual Transmittal Letter (MTL) \_\_\_\_\_
- ☐ Other \_\_\_\_\_

IV. AUTHOR'S CHECKLIST (To accompany submission for approval)

Reviewer's responses considered?	YES NO	Included	YES NO	
State Plan amendment required?	YES NO	Obtained	YES NO	PENDING
Welfare Board approval required?	YES NO	Obtained	YES NO	PENDING
Medical Care Advisory Group?	YES NO	Obtained	YES NO	PENDING
Attorney General review?	YES NO	Obtained	YES NO	PENDING
Blue Cross/Blue Shield review?	YES NO	Obtained	YES NO	PENDING
District Office staff review?	YES NO	Obtained	YES NO	PENDING
Other staff/Division input?	YES NO	Completed	YES NO	PENDING
Procedure Memorandum needed?	YES NO	Completed	YES NO	PENDING
Provider Bulletin needed?	YES NO	Completed	YES NO	PENDING
System change required?	YES NO			
Fiscal impact?	YES NO			
Does this obsolete Bulletins?	YES NO			
Does this obsolete Procedure Memo?	YES NO			
Changing BC/BSN Billing Manual?	YES NO			

NV 014084

\_\_\_\_\_  
Author's Signature

### Reviewer Comments

**Author's Response to  
Comments/Actions**

Review completed by:

**Signature**

**Dalc**

(DRAFT) (Page 2 of 2) 6406-AGC (795)

NV 014085

## CLEARANCE SHEET

PUBLICATIONS USE ONLY

TO: ☐ DEPUTY - ADMINISTRATIVE SERVICES☐ Approve  
☐ Comments:☐ DEPUTY - MEDICAID☐ Approve  
☐ Comments:☐ DEPUTY - PROGRAM/FIELD OPERATIONS☐ Approve  
☐ Comments:☐ CHIEF, CHILD SUPPORT☐ Approve  
☐ Comments:☐ DEPUTY - NOMADS☐ Approve  
☐ Comments:☒ ADMINISTRATOR☒ Approve  
☐ Comments:☐ STAFF SPECIALIST☐ Approve  
☐ Comments:

NOTE: Staff Specialist plus one other signature required for approval.

WELFARE BOARD APPROVAL (Administrative Manual 303): ☐ Yes ☒ No  
Justify decision:FISCAL IMPACT: ☒ Yes ☐ No

Justify decision:

Semi-annual inpatient hospital rate adjustment

BACKGROUND AND EXPLANATION:  
Itemize changes as for MTL:

These documents communicate Medicaid's newly revised hospital rates to all in-state hospitals (provider bulletin) and fiscal agent Blue Cross and Blue Shield of Nevada (procedure memo), for rate reimbursement purposes.

DATE: 1-2-98

CONTROL #: 1484 AAB

RETURN DUE: ASAP

FROM/RETURN TO: DAVE CALDIARD, Medicaid  
(Name, Phone, Unit) 687-4336ITEM: ☐ Manual ☐ DIP ☐ Form ☐ Handbook ☒ Other

Identify: Hospital Inpatient Rates: fiscal agent procedure memo and provider bulletin

ORIGIN OF CHANGE: ☐ New Federal/State Mandate☐ New NSW D Option/Policy☐ Procedure Change☒ System Change☒ Budgetary Necessity☐ Clarification of Existing Policy☐ Prior Federal/State Mandate☐ Prior NSW D Option/PolicySYSTEM CHANGE NEEDED: ☒ Yes ☐ NoDISTRICT OFFICE INPUT: ☐ Yes ☒ NoDEPUTY ATTORNEY GENERAL REVIEW: ☐ Yes ☒ Not Necessary

EFFECTIVE DATE OF CHANGE: 1-1-98

O.K. to Type

(Initials)

1/13/98

(Date)

☐ Form 1015 attached for form change(s).

O.K. to Print

(Initials)

2-3-98

(Date)

(Quantity)

DISTRIBUTION: WHITE - Publications Control; CANARY - Originator

6006 - AGC (5/96)

NV 014086